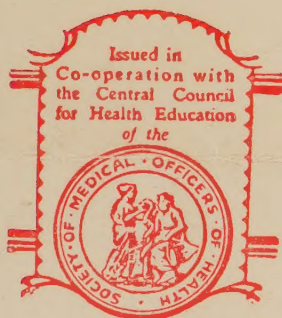


FIRST AID



Issued by the Health Service Bureau,
WESLEYAN & GENERAL ASSURANCE SOCIETY,
BIRMINGHAM.



22500880197

FIRST AID.

Prevention of Sickness and Accidents.

“PREVENTION IS BETTER THAN CURE.”

The object of this little book is to help, by the aid of its contents, to **prevent** sickness and accidents, and more especially their complications. For example :—A neglected cut or abrasion may develop septic poisoning and yet with right treatment this might quite easily have been avoided.

Health is our greatest asset, and to be efficient we must be well. The right way to keep well and strong is to do everything we can to prevent sickness and accidents. Most of us know a good deal about how to take care of ourselves. For instance : We should keep away from anyone who has a contagious disease, for, besides the immediate ill effects, such diseases often pave the way for more serious sickness afterwards. Remember, it is easier to prevent sickness by taking due precautions than it is to cure disease once it is established—this is the essence of modern preventive medicine.

SERIOUS ACCIDENT OR ILLNESS.

In a case of serious accident or illness a doctor should be sent for immediately. Don't try to experiment on yourself, or anyone else, with various kinds of remedies. Delay may lose valuable time and result in such serious illness that it is impossible to cure. Injuries of the head and abdomen are especially serious. The onset of an illness with severe pains in the stomach is dangerous and requires skilled aid at once, and so is the case of an illness which comes on suddenly with high temperature and prostration. High fever with the outbreak of an eruption of the skin often means a contagious disease. A severe sore throat may really be a case of diphtheria and requires skilled medical advice and treatment at once.

FIRST AID.

Our aim is to render immediate temporary assistance in a case of accident or sudden illness until a doctor can be called. We should recognise that it may mean the saving of a life or a limb if the first aid we render is efficient.

MINOR INJURIES AND ACCIDENTS.

Accidents are more common in the home and factory than is generally realised and it is on this account that we should know more about them,

how to prevent them, and how to treat them when they do arise. To render first aid to the common injuries is, as a rule very simple. The main principle to bear in mind is whether the skin is broken or not. If the skin is broken by the injury, the resulting wound needs to be sterilised by the application of an antiseptic, such as iodine (to kill the germs) and so prevent the danger of infection of the wound or blood-poisoning.

WOUNDS.

SIMPLE WOUNDS AND ABRASIONS should be mopped dry with a little gauze or lint and then painted with iodine, if you have it (if not, use methylated spirits or Condyl's Fluid). This will disinfect all parts of the wound. Do not wash the wound before applying the iodine. Then place over the wound a dressing (*i.e.*, a covering to protect it), consisting of a pad of lint or gauze held in place with a bandage or handkerchief.

DEEP WOUNDS—BLEEDING.—In all cases of serious wounds a doctor should be sent for at once.

Serious bleeding from a wound must be stopped at all costs or death may occur.

Bleeding may arise from—

- (i.) **THE CAPILLARIES.**—The blood oozes slowly and is easily stopped by the pressure of a pad of lint and a bandage.
- (ii.) **THE VEINS.**—The blood wells out of the wound in a slow stream, which is also easily arrested by the pressure of a pad of lint and a bandage aided by raising the limb above the level of the heart.

Varicose veins of the leg occasionally rupture causing alarming bleeding, but this is quickly controlled by raising the limb high up and the application of a large pad of lint and a bandage, after removing all bands, *i.e.*, garters, from around the limb.

- (iii.) **THE ARTERIES.**—The blood spurts out in a bright red jet with each beat of the heart, and is stopped *by pressure* applied between the heart and the bleeding point, or by pressing with the fingers on the bleeding point in the wound.

In the limbs we aim at pressing, with the fingers, the artery against the bone of the limb. In the arm we squeeze the artery against the bone opposite the middle of the upper arm, just on the inner side of the big muscle known as the biceps or "the blacksmith's muscle." In the leg we press backwards high up on the front of the thigh, midway between the point of the hip and the centre of the crotch.

The artery is squeezed against the bone in these situations until a tourniquet is applied to the limb. This consists of a pad (a stone, wrapped in a handkerchief, or a ball of wool act as an efficient pad) placed over the artery, with a strong handkerchief tied in a loop and placed over the pad and encircling the limb. Within the loop of the handkerchief a ruler, pencil, knife, or walking stick

is placed, and twisted round and round until it presses the pad down on the artery and so checks the bleeding.

Whenever it is necessary to use a tourniquet, send for a doctor as soon as possible, lay the patient down, raise the limb, and do not give any stimulants, as they tend to increase the heart's action and so aggravate the bleeding.

STINGS OF INSECTS.—Poisoned wounds may be caused by stings from insects, *e.g.*, wasps, bees, midges, &c.

TREATMENT.—Squeeze out the sting and counteract the poison by bathing in and applying ammonia water, or strong solution of table-salt water, or washing soda, or paint with iodine, then cover with lint or gauze and a bandage to prevent infection of the wound from germs.

BURNS AND SCALDS.

Burns are caused by dry heat and scalds by moist heat. In both cases the injury may be slight or very severe. In severe cases remember the great danger is shock.

FIRST AID AND TREATMENT.—All clothing should be carefully cut away and the injured areas protected from the air by covering with strips of lint or linen, spread over with vaseline (or boric ointment, or carbolised vaseline) or any grease such as lard, or even cream, and held in place with bandage or handkerchief. Treat the shock by laying the patient down flat, well cover with blankets, and apply hot water bottles or hot bricks to the feet and raise the foot of the bed a few inches. In severe and extensive burns or scalds no time should be lost in sending for a physician.

What to do when the clothes catch fire :—

- (1) Lay the patient flat on the floor at once; running about agitatedly fans the flames, which tend to burn upwards towards the mouth, face, and neck.
- (2) Smother the flames by wrapping the patient up in a coat, rug, towel, mackintosh, blanket, &c.

DROWNING.

As soon as the patient has been removed from the water, and without losing a moment, try to start the breathing again. Breathing may be produced artificially by means of certain movements until the patient has sufficiently recovered to breathe of his own accord. This artificial respiration should be commenced *at once*.

METHOD.—Lay the patient face down with a folded coat beneath the pit of the stomach and clear the mouth and air passage with a finger. Place one forearm under the forehead to allow water to drain out of the mouth and air-ways as well as to allow the tongue to fall forward clear of the windpipe, and turn the head to one side, to keep the mouth from the ground. Now kneel astride the patient, opposite his hips, facing his head.

Place the palms of your hands on his lowest ribs, with fingers well spread out over the ribs. Next swing yourself forwards, with your arms stiff, allowing your weight to rest on the patient's back; now swing back again quickly, taking all your weight off the patient's chest—this allows air to enter the lungs.

Repeat these movements 16 to 18 times a minute, to imitate normal breathing. This artificial breathing may have to be kept up, without a break, for an hour or longer, and it is well to have a second person to relieve you. When the patient commences to breathe again naturally, you must watch him closely, as he may stop again, when you must help him with a little more artificial respiration. When he is breathing well again, wrap him in blankets, rub his limbs upwards towards the trunk, surround him with hot-water bottles or hot bricks, and get him to bed. When he can swallow properly, give him a little hot tea or coffee.

GAS POISONING.

First of all remove the patient to the fresh air; loosen all tight clothing. Splash cold water over the face, arms and chest, and then, without waste of time, try to start breathing again by performing artificial respiration.

ELECTRIC SHOCK,

Such as produced by lightning, or currents from dynamos and "live" wires of trains or trams. At first, remove the patient from danger, then re-start normal breathing by performing artificial respiration, and then treat the shock by promoting warmth and circulation.

CHOKING

Is produced by something, *e.g.*, food, artificial teeth, &c., becoming lodged in the throat, blocking the airway. Try slapping the back vigorously to dislodge the object, or it may be necessary to do this with the patient upside down. Should these measures fail, try hooking the object out from the back of the throat with a forefinger.

CONCUSSION,

Such as produced by a fall on the head, may vary from "stunning" to unconsciousness. In severe cases the patient lies immobile on his back, with closed eyelids, shallow breathing, and with a slow, weak pulse. Get the patient to bed, don't give any stimulants, and send for a physician, as there may be a fracture of the skull as a complication.

POISONING.

If a person is taken suddenly ill with vomiting and severe pains in the stomach, the possibility of poisoning should be thought of. The bottle or glass from which the poison has been taken may be produced. If there is no evidence of burning of the mouth and lips, try to make the patient vomit by giving him salt and water, mustard tea (one teaspoonful of mustard in a tumbler of luke-warm water), copious drinks of luke-warm water, or try to make him vomit by tickling the back of the throat with a finger or feather. Send for medical aid at once, and name the poison if possible.

If there is any burning of the lips and mouth—ascertain if an acid poison has been taken, then give alkalis, *e.g.*, lime water, magnesia, or chalk in water; if an alkali poison, give an acid, *e.g.*, vinegar or lemon juice in water.

SPRAINS.

A sprain is a wrench of a joint due to a sudden twist or pull. The injury is in the cords (or ligaments) around the joint. There is swelling around the joint and pain, increased by movement. The bones are not broken, nor is the head of the bone out of its place. If there is any doubt, let a doctor see the injury.

TREATMENT.—Apply cloths or strips of flannel wrung out in cold water (iced water for preference) and raise the injured joint. Re-apply the wet cloths frequently for several hours. Instead of them an ice-bag may be used for a day. If the injury is of the lower limb, the patient should not be allowed to walk, and the joint must be kept at rest.

BRUISES.

In severe bruises, raise the limb and keep it at rest. Apply cloths wrung out in iced water held in place by a fairly firm bandage to reduce the swelling and pain. When the inflammation is subsiding, apply a firm bandage and massage the part daily.

STRAINS.

A strain is a similar injury to a sprain, but the injury here is in the muscles. Keep the limb at rest and apply massage to the part, *i.e.*, rubbing the limb upwards towards the body. When the pain is subsiding, deeper and firmer massage may be used.

FRACTURES OR BROKEN BONES.

The ends of a broken bone are jagged and sharp, and they may damage the surrounding parts if the limb is bent and moved about at the site of the fracture, hence a fracture should be handled gently lest the end of the broken bone should be pushed through the skin.

Broken bones, or fractures, are of two kinds :—Simple and Compound.

- (i.) The bone only is broken and the skin is intact = Simple.
- (ii.) The end of the broken bone sticks through the skin = Compound.

In this case we have a wound which should be treated first, and the fracture attended to afterwards.

What are the signs of a broken bone ?

The patient will tell you that he has received a blow or a fall, and perhaps that he felt the bone break.

He is unable to move the limb which is fractured, and there is swelling, tenderness and pain over the fractured point, whilst the limb is deformed, *i.e.*, altered in shape or shortened. It may be possible to feel the break in the bone with the finger, and if the limb is moved it “ gives ” at the fracture, whilst you may feel, or the patient may feel, the two ends of the bone grating together.

FIRST-AID TREATMENT.—The main object is to prevent the ends of the bone from going through the skin, and so prevent a simple fracture from becoming compound, because a compound fracture is much more dangerous to

life. With this object in view, therefore, we must keep the limb from bending at the seat of the fracture, and before attempting to move the patient we must set the fracture and hold it in position with splints. We have to get the broken bone in the same position it had before the fracture by pulling it gently into place, and taking care that the broken ends of the bone do not cut through the skin. When we have got the broken bone into position (compare it with the sound side), it is held in place by applying splints. A second person is required to help apply the splints, one to keep the bones in position whilst the other holds the splints and bandages them in place. Splints may be improvised of anything handy, *e.g.*, pieces of wood (of a box), cardboard, sticks, folded newspapers, walking-sticks, broom handles, &c., &c., but flat boards are best. Padding of some soft material, such as scarfs, mufflers, strips of blanket, cotton waste, &c., is necessary under the splints. Tie the splints in position with bandages, handkerchiefs, strips of cloth, neckties, rope, twine, &c. Wind the strips or lengths of bandage round splints, padding and limb, but do not tie too tightly, and be ready to slacken them if they become painful. For the more common fractures use the following splints :—

BROKEN WRIST OR FOREARM.—Apply a splint on the inner and one on the outer side of forearm, with the palm of the hand towards the body, thumb uppermost. Place the elbow at right angles and arm in a wide sling.

BROKEN UPPER ARM.—Apply a splint on the inner and one on the outer side of the upper arm, the outer one extending from the tip of the shoulder to the point of the elbow. Place the elbow at right angles and arm in a sling.

BROKEN COLLAR BONE.—Raise the arm and pull shoulder backwards, then place soft pad, three inches thick, in the armpit, and bind the injured arm to the side with a broad bandage round the elbow and body.

BROKEN LOWER LEG.—Gently pull foot and bring into position, with toes pointing upwards. Apply an inner and outer splint, both extending from above the knee to beyond the foot. Bandage the sound leg to injured leg to support it.

BROKEN THIGH.—Gently pull foot and bring into position with toes pointing upwards. Apply a long outside splint, reaching from the armpit to beyond the foot, and an inner splint from the fork to below the ankle. Place a broad strip of cloth, or blanket, around the outer splint and chest and a similar strip round the hips. Bind the inner and outer splints together above and below the fracture, and just above the ankle as well. Pass a bandage around both legs and the outer splint above and below the knee and another round both feet and the outer splint.

BROKEN KNEE-CAP.—Raise the limb, keeping knee straight, and apply a splint to the back of the limb, reaching from the buttock to the heel. Secure the leg to the splint by bandages, and keep the foot well raised from the ground by resting it on an improvised support, such as a folded coat.

*(Compiled by the Health Service Bureau of the
Wesleyan and General Assurance Society.)*

SOME THOUGHTS ON HEALTH CULLED
FROM AUTHORS OF BYGONE DAYS.

“For cleanliness of body was ever esteemed to proceed from a due reverence to God, to Society and to ourselves.”

—Bacon—*Advancement of Learning—Bk. II.*

“Many receive advice, only the wise profit by it.”

—Publius Syrus—*Maxim 152.*

“I hold this to be the rule of life, too much of anything is bad.”

—Terence.

“One keep clean is better than ten make cleans.”

—Proverb.

“Learn to live well, that thou may'st die so too;
To live and die is all we have to do.”

—Sir John Denham.

“Care to our coffin adds a nail, no doubt;
And every grin so merry, draws one out.”

—John Wolcott—*Peter Prudar.*

WELLCOME INSTITUTE LIBRARY	
Coll.	welMOMec
Coll.	pam
No.	WA 292
	195*
	W51 f



Issued by the Health Service Bureau,
WESLEYAN & GENERAL ASSURANCE SOCIETY,
BIRMINGHAM.